

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/602747 FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3		1		1		
4		2		2		
5	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>		
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8	1					
9		1		1		
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13	<del>1</del>	<del>1</del>	<del>1</del>	<del>1</del>		
14		3		3		
15		1		1		
16		1		1		
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TOTAL IND.	3		3			
TOTAL DEP.	9		9			
TOTAL CLAIMS	12		12			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						